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Bulletin on Current Literature

The monthly bibliography for
workers with the handicapped

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THE NATIONAL SOCIETY
for
CRIPPLED CHILDREN and Adults, Inc.
11 SO. LA SALLE ST., CHICAGO 3, ILL.
THE EASTER SEAL AGENCY



THE NATIONAL SOCIETY FOR CRIPPLED CHILDREN AND ADULTS, the Easter Seal agency, a nationwide federation of more than 2,000 state and local member societies, provides a variety of needed services in the fields of health, welfare, education, recreation, employment and rehabilitation. Its three-point program is:

EDUCATION of the public, professional workers and parents.

RESEARCH to provide increased knowledge of the causes and prevention of handicapping conditions, and in methods of improved care, education and treatment of the handicapped.

DIRECT SERVICES to the handicapped, including case finding, diagnostic clinics, medical care, physical, occupational, and speech and hearing therapy, treatment and training centers and clinics, special schools and classes, teaching of the home-bound, psychological services, vocational training, curative and sheltered workshops, employment service, camps, recreational services, social services, and provision of braces, appliances and equipment.

The **NATIONAL SOCIETY**
for **CRIPPLED CHILDREN and Adults, Inc.** —• LAWRENCE J. LINCK, Executive Director
11 SOUTH LA SALLE STREET • CHICAGO 3, ILLINOIS

Your Help Requested

The Library of the National Society for Crippled Children and Adults needs the issues of the periodicals listed below in order to complete its files for binding. If any subscriber can supply this Library any of the missing issues, kindly notify the Librarian so that he may communicate with you.

--Earl C. Graham, Librarian

Periodicals Needed

American Journal of Care of Cripples: vol. 1, no. 4 (Dec., 1914?)
The Cripples Journal: vol. 1, no. 3 (Jan., 1925)
Journal of Exceptional Children: vol. 2, no. 1 (1935)
Journal of Speech Disorders: vol. 6, nos. 1-4 (all issues for 1941)
Occupational Therapy and Rehabilitation: vol. 19, no. 5 (1940)
" " " " vol. 21, nos. 3 and 5 (1942)
Physiotherapy Review: vol. 1, nos. 1 and 3 (1921)
" " vol. 9, no. 1 (1929)
Rehabilitation Review: vol. 2, no. 2 (Feb., 1928)
" " vol. 8, no. 9-10 (Sept.-Oct., 1934)
" " All of vols. 10 through 12 (1936 through 1938)

THE UNIVERSITY OF CHICAGO
CHICAGO, ILLINOIS
JANUARY 1, 1900

TO THE PRESIDENT OF THE UNIVERSITY OF CHICAGO
FROM THE FACULTY OF THE UNIVERSITY OF CHICAGO

Resolved, That the Faculty of the University of Chicago
do hereby express its appreciation of the services
of the President of the University of Chicago
and its confidence in his ability to continue
to lead the University to the highest
level of scholarship and research.

Very respectfully,
The Faculty of the University of Chicago

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AMPUTATION

499. New York. American Rehabilitation Committee.

Arm amputation: The theory and method of building work capacity by developing the strength, coordination and finger dexterity of the remaining less dextrous arm, with discussion of the purposeful use of an appliance. New York, The Committee (n.d.). 34 p. illus.

Contents: Total rehabilitation for the amputee, by John A. P. Millet.-Arm amputation, by Frederic G. Elton.-Psychological effects of amputations of extremities and of properly co-ordinated restorative therapy, by Dr. John A. P. Millet.-Training manual, by N. P. Smith.

Available from the American Rehabilitation Committee, 28 East 21st St., New York, N. Y.

AMPUTATION--PHYSICAL THERAPY

500. Reilly, Genevieve V.

Preprosthetic exercises for upper extremity amputees, with special reference to cineplasty. Physical Therapy Rev. May, 1951. 31:5:183-188. Reprint.

Active and resistive exercises, bandaging and the special problems posed by below-elbow amputation are discussed and pictured by the chief physical therapist at Kessler Institute for Rehabilitation.

ASPHYXIA

501. Meier, Gilbert W.

The effects of natal anoxia upon learning and memory at maturity, by Gilbert W. Meier and Marion E. Bunch. J. Comparative and Physiological Psychology. Dec., 1950. 43:6:436-441. Reprint.

The purpose of this study is to investigate further the effects of natal anoxia upon learning ability at maturity, using white rats as subjects and a maze problem in the learning, transfer, and retention situations. The results while statistically insignificant did show that anoxic animals consistently were less able to learn a position habit.

BACKACHE--MEDICAL TREATMENT

502. Stewart, Marcus

Remedial exercises and rehabilitation in back injuries. J. Physical and Mental Rehabilitation. Apr.-May, 1951. 4:8:17-22.

The aims and methods of treating injuries of the back by physical measures are discussed. Heat, massage, electrical stimulation, and exercise are chosen for their various benefits to fit needs of the individual case. Two case histories are cited. Bibliography.

BLIND--MEDICAL TREATMENT

503. Rubin, Nathan S.

Medical aspects of blindness in children. J. Fla. Med. Assn. Dec., 1950. 37:6:350-354.

"In the discussion of the medical aspects of blindness in children, particular reference is made to infectious diseases, injuries, congenital defects, especially congenital cataracts associated with rubella, retrolental fibroplasia and toxoplasmosis." A brief discussion by Dr. Sherman B. Forbes, an ophthalmologist of Tampa, Fla., follows the article; he reports the value of ACTH and vitamin E in certain types of eye diseases.

BLIND—MEDICAL TREATMENT (continued)

See also 529.

BRAIN INJURIES—MEDICAL TREATMENT

504. McKhann, Charles F.

Cervical arteriovenous anastomosis in treatment of mental retardation, convulsive disorders and cerebral spasticity, by Charles F. McKhann, W. Dean Belnap, and Claude S. Beck. Annals of Surgery. Aug., 1950. 132:2:162-175. Reprint.

"An operation designed to increase the arterial blood supply to the cortex of the cerebrum through production of an arteriovenous anastomosis between one of the carotid arteries and the internal jugular vein, with ligation of the jugular vein proximal to the anastomosis, has been performed successfully in experimental animals and in a few cases in human beings.... The operation was not difficult.... This paper reports the results of the operation in 125 patients.

"...About 35 per cent of children with mental retardation, convulsive disorders, cerebral palsy, and a small percentage of adults with cerebrovascular accidents, and other complications secondary to cerebral arteriosclerosis have shown postoperative benefit. The procedure is in the stage of more extensive trial and should be considered as representing a new approach to the problem rather than an acceptable and complete solution."

The research reported in the paper was supported in part by grants from the Association for the Aid of Crippled Children and the Cleveland Heart Society.

BRAIN TUMOR

505. Dotter, Pamela

Brain tumor, by Pamela Dotter and Eleanor Wade. Am. J. Nursing. May, 1951. 51:5:300-303.

Written for the nurse, this article describes the symptoms and diagnostic procedures used in determining types of brain tumor. Mainly, the problems of the care of such patients is explored--supportive measures, preparation for surgery, post-operative care, eye care, and rehabilitation.

CEREBRAL PALSY

506. Hipps, Herbert E.

Teaching-training principles for the "hopeless" cerebral palsy patient. Physical Therapy Rev. May, 1951. 31:5:180-183.

Methods for teaching the normal child, formulated by the educator and psychologist, are adapted to training the "hopeless" cerebral palsy child. Principles of teaching by doing, concentrating on one thing at a time, supplying motivation for learning, and keeping the mental growth on a parallel with physical development bring the best results.

See also 504; 529; 574.

CEREBRAL PALSY—EQUIPMENT

507. Schwartz, R. Plato (and others)

Motivation of children with multiple functional disabilities: Hartwell method, by R. Plato Schwartz (and others). J. Am. Med. Assn. Mar. 31, 1951. 145:13:951-955. Reprint.

A report of research at the Edith Hartwell Clinic, LeRoy, N. Y., in the development of the Hartwell Carrier to motivate crawling, tricycle riding and all phases of walking. This device consists of a self-propelled trolley system to which are suspended various types of supporting and vehicular apparatus. The rationale of its use is discussed.

CEREBRAL PALSY--MEDICAL TREATMENT

508. Carroll, Robert E.

The surgical treatment of cerebral palsy, by Robert E. Carroll and Frederick Stephen Craig. Surgical Clinics of North America. Apr., 1951. 31:2:385-396. Reprint.

Surgical treatment of both upper and lower extremities are discussed as to the problem, methods of surgical correction, criteria for treatment, and technic of treatment. Conclusions drawn are: 1) that surgery has a definite place in the treatment of infantile spastic paralysis, but differs for upper and lower extremity; 2) critical criteria must be applied to choosing cases for surgery; 3) surgery must be accompanied by and followed by adequate physiotherapy and occupational therapy. A method of stretching of equinus deformity is shown which supplants tendon lengthening in the authors' clinic. "Fractures of the long bones in spastic children require open reduction and adequate internal fixation."

CEREBRAL PALSY--PARENT EDUCATION

509. Gorman, Ethel Miller

What I told a young mother. Cerebral Palsy Rev. May, 1951. 12:5:4-6, 8-9.

A narrative account of how a mother of a cerebral palsied child helped another mother to accept the condition of her child.

CEREBRAL PALSY--PSYCHOLOGICAL TESTS

510. Blum, Lucille H.

The mental-maturity scale for the motor handicapped, by Lucille H. Blum, Bessie B. Burgemeister, and Irving D. Lorge. School and Society. Apr. 14, 1951. 73:1895:232-233. Reprint.

A preliminary report of a test being developed by the authors for the mental testing of cerebral palsied children. The test utilizes a series of cards with five drawings on each card. The experimental series consists of 110 items, largely of pictures and geometric designs, chosen to be within the experience of cerebral palsied children. For each item (a card) the subject is required to indicate the one drawing that does not belong with the other four.

CEREBRAL PALSY--SPEECH CORRECTION

See 597.

CHILDREN (DEPENDENT)

511. Jolowicz, Almeda R.

For the child with no family of his own. Child. Apr., 1951. 15:8:144-147, 152.

"Unadoptables," those who because of physical handicaps, hereditary factors, race, or the unwillingness or inability of the mother to surrender her child, provide problems for the public welfare department, charged with the responsibility of finding homes for these unfortunates. Help must also be given to the mothers and to foster parents in making the adjustments.

CHILDREN'S HOSPITALS

512. Schwartz, Robert N.

Hospitals learn how to handle children. Today's Health. May, 1951. 29:5:28-29, 62-65.

Hospital approach to children has been improved by various types of therapy; the services described go beyond the goal of eliminating shock and fright.

CHRONIC DISEASE

See 557.

CHRONIC DISEASE—SURVEYS

513. Illinois. Institute of Medicine of Chicago.

Surveying community needs and resources for care of the chronically ill. Chicago, The Institute, 1950. 25 p.

Before communities can take action to provide more and better facilities for long-term care of the sick and disabled, information is needed to chart a course. A survey is usually the first step to consider. This booklet, by the Central Service for the Chronically Ill, Chicago, was prepared to outline briefly the purposes and methods of community surveys in the field of care for the chronically ill. Essential steps, scope and sources of information are stated. The survey, however, is not justified unless a follow-up program is instituted during, or before, the survey process.

Available from the Central Service for the Chronically Ill, 343 S. Dearborn St., Chicago 4, Ill., at 40¢ a copy.

CLEFT PALATE

514. Cooper, Herbert K.

Cleft palate: Dentistry's opportunity. J. Am. Dental Assn. Jan., 1951. 42:37-47. Reprint.

Although cleft lip and cleft palate can be discussed from a medical, surgical, dental, speech or psychological viewpoint, this paper presents a panorama of services with the emphasis on the dental. Experiences gained in the Lancaster Cleft Palate Clinic where some 1500 cases were examined or treated form the basis of the article.

Conclusions drawn were: 1) that cleft palate is one of the most frequently found congenital deformities, 2) all cases should be reported, 3) surgery is only part of the treatment for cleft palate, 4) the dentist and speech therapist should be called in conference before radical surgery on the palate, 5) services of all of the dental specialties are required in most cases, 6) mere construction of speech appliance with no other consideration is as bad as poorly considered surgery.

CLEFT PALATE—PROGRAMS

515. Wishik, Samuel M.

To restore the child with cleft palate, professional and community teamwork will bring success. Child. Apr., 1951. 15:8:141-143, 151.

The special problem of the cleft palate child is briefly outlined and the community program involving public and private resources is discussed.

COLLEGES AND UNIVERSITIES

516. Condon, Margaret E.

This college concentrates on helping the handicapped student. J. Rehabilitation. May-June, 1951. 17:3:14-16.

"The program here reported is an activity of the Department of Student Life at the City College of New York. Dr. Gordon is the executive officer of the Health Guidance Board." With cooperation from city and state agencies for the handicapped, many problems faced by the handicapped student have been resolved.

COLLEGES AND UNIVERSITIES (continued)

517. Hardee, Melvene Draheim

When your client goes to college. J. Rehabilitation. May-June, 1951. 17:3:10-13, 23.

Florida State University's program of counseling students under the vocational rehabilitation plan shows the value of such guidance. Through reports from the residence and educational counselors, speech clinician, and test administrator, an accurate check is made on the effectiveness of the counseling system.

See also 594.

CONFERENCES

518. Dale, Edgar, ed.

How to have a successful conference, edited by Edgar Dale and Seth Spaulding. Columbus, Ohio State University, 1950. 34 p. Mimeo.

"Broadly considered, a conference is an audio-visual technique. It is well within the realm of the audio-visual specialist." A group of audio-visual specialists were asked to report with concrete detail successful or unsuccessful conferences, clinics, workshops, and institutes they had attended. Their replies, which make up the bulk of this report, fall under these headings: 1) Need for careful planning, 2) Need for informality, 3) Need for building program around problems and interests of participants, 4) Need for good panel and discussion techniques, 5) Need for effective demonstrations, and 6) Need for follow-up.

Copies of this report available from the Bureau of Educational Research, Ohio State University, Columbus 10, Ohio, at 50¢ each.

519. Hall, D. M.

The dynamics of group discussion; a hand book for discussion leaders. Danville, Ill., Interstate Printers and Publishers, 1950. 63 p.

Reasons for group failure are given as 1) the organization is faulty for its purposes, 2) lack of the right combination of persons, 3) its attitudes hamper group action, 4) lack of skill in fulfilling group roles. Solving its problems and building, repairing, and maintaining the group structure are the major functions to be preformed by the group. Techniques for problem solving and the organization of activities comprise the greater part of the booklet. Appendix A outlines the stages leading to the development of sound thinking; Appendix B is a checklist of questions to determine how well the group has performed the functions of planning, fact finding, evaluating, decision making, and getting the plan into action.

Available from The Interstate Printers & Publishers, 19-27 N. Jackson St., Danville, Illinois, at 75¢ a copy.

CONGENITAL DEFECTS

See 545.

CRUTCHES

520. Rudin, Louis N.

Bilateral compression of the radial nerve: crutch paralysis, by Louis N. Rudin and Leon Levine. Physical Therapy Rev. June, 1951. 31:6:229-231.

Crutch paralysis resulting from compression of the radial nerve is a fairly serious complication in orthopedic and rehabilitation work. Time of recovery from paralysis depends upon the severity of compression. Two case histories illustrate treatment. Instructions are given for the proper measuring for, and fitting of, crutches.

See also 603.

DEAF

521. Day, Kenneth M.

The management of deafness. Transactions, Am. Academy Ophthalmology and Otolaryngology. Sept.-Oct., 1950. p. 22-28.

Deafness is more prevalent now but achievements in its treatment have developed within the present generation. The advantages of hearing aids are weighed against those of operations where advisable. Descriptions of forms of deafness and suggestions for protection of hearing are given, with words of counsel for the doctor to pass on to his patient.

DEAF—DIRECTORIES

522. American Annals of the Deaf. Jan., 1951. 96:1:1-269.

Directory issue.

Each January issue of the Annals is published as a reference work offering a variety of information on professional personnel in programs for the deaf, facilities on the care and education of, and recreation for, the deaf, a listing of approved hearing aids, and bibliographies.

This issue available from the Editor, American Annals of the Deaf, Gallaudet College, Washington 2, D.C., at \$2.00 a copy.

DEAF—PREVENTION

523. Bordley, John E.

The significance of the early diagnosis of hearing impairment in children, by John E. Bordley and William G. Hardy. Public Health Reports. Apr. 27, 1951. 66:17:521-528.

"Up to the present time, the problems relating to impaired hearing have been largely centered in the school-age child, ostensibly because the impairment interferes with formal education. To the child, however, hearing impairment in the preschool years is even more important. It interferes with his acquisition of language and with his psychosocial development. Early diagnosis offers the only reasonable possibility of preventing untoward and undesirable changes in the preschool years."

Types and extent of hearing impairment, psychoacoustic and diagnostic considerations, clinical and preventive audiology are discussed. The development of language skill depends to a large degree on the ability to hear properly.

"It is believed that...the problem of early diagnosis and treatment of preschool-age children with hearing impairment is the province of the medical field and is best handled at the public health level."

524. Hardy, William G.

Teamwork in the prevention of hearing impairment in children. Public Health Nursing. May, 1951. 43:5:278-282.

The seven steps given for a program of prevention of hearing impairment in a community--case-finding, diagnosis, adequate medical and surgical treatment, thorough follow-up, audiologic study and consultation, with special education and vocational rehabilitation where needed--call for the cooperation of public and private facilities for public health. The public health nurse has an important part to play in the program. The great need is to find the problems early, to follow up and treat them according to the symptoms presented, and control the impairment before it reaches the proportions of a handicap.

DEAF—PREVENTION (continued)

525. Michigan. Birmingham. Board of Education

The Birmingham plan of testing hearing and vision. Birmingham, Michigan, c1951. 32 p. illus.

An illustrated booklet describing how a community survey of hearing and sight deficiencies was organized and conducted by teachers and parents.

Available from the Birmingham Board of Education, Birmingham, Michigan, at 50¢ a copy.

526. Rosenberger, Harry C.

The prevention and treatment of deafness in childhood. Ohio State Med. J. Dec., 1950. 46:12:1180-1183. Reprint.

Recognition of actual or potential deafness must precede adequate prevention and treatment of deafness in childhood. Medical practitioners must be willing to learn and use the simple testing routines that show up diminishing hearing. After the patient is so diagnosed, he must receive the necessary treatment either from a family doctor or by referral to an otologist. Treatment is, however, only one factor in the control of deafness; deafness prevention, lip reading and the improvement of faulty speech in the acoustically handicapped are other factors just as vital to the solution of the problem.

DEAF—PSYCHOLOGICAL TESTS

See 598.

EXERCISE

See 599.

DEAF—SPECIAL EDUCATION

527. Illinois. Division of Education for Exceptional Children.

Suggestions for equipping a room for children with impaired hearing. Springfield, The Division, 1951. 8 p. Mimeo.

Needed equipment and supplies are discussed; minimal list of recordings, pertinent sources for obtaining audio-visual materials, and sources of testing material and play equipment are included. Also listed are reference books, work books, and suggested toys. Brief bibliography.

Available from Division of Education for Exceptional Children, 401 Centennial Bldg., Springfield, Ill.

EMPLOYMENT

528. U. S. Office of Vocational Rehabilitation.

Small business enterprises for the severely disabled. Washington, The Office, 1951. 211 p. (Rehabilitation service series number 153) Mimeo.

Prepared by the Committee for the Severely Disabled, Guidance, Training and Placement Workshops, from reports submitted by state divisions of vocational rehabilitation.

This manual of descriptive information about small business enterprises for the severely disabled contains 87 combination case summaries and job descriptions. "While the clients rehabilitated into these business enterprises were sighted individuals, there is no doubt that some of them could be engaged in by blind persons." Counselors' aids in appraising the qualifications of the disabled for a small business are set forth under topical headings. Bibliography.

Available from the U. S. Office of Vocational Rehabilitation, Washington 25, D. C.

ENCEPHALOGRAPHY

529. Levinson, Julian D.

Electroencephalogram and eye disorders; clinical correlation, by Julian D. Levinson (and others). Pediatrics. Mar., 1951. 7:3:422-427. Reprint.

A detailed study of 1281 children under 16 years of age, both awake and asleep, forms the basis of this article. "The study is limited to the relationship between electroencephalographic findings of occipital foci and neuro-ocular pathology in general." In conclusion it was stated that thirty per cent of 36 children with strabismus but otherwise normal, and only 0.5% of 180 children entirely normal, had occipital abnormalities on their EEG's.

"In children with organic brain disease causing cerebral palsy, electroencephalographic foci in the occipital region occurred almost twice as frequently in the presence of abnormal eye findings. This relationship prevailed regardless of the presence or absence of seizures. In patients with eye disorders, electroencephalographic foci involving the occipital region were six times more common than all other foci combined. On the basis of this study, it would seem that children who show some neuro-ocular disorder should have a careful study of their EEG's for the detection of a possible central basis for their pathology. Conversely, patients who show an occipital focus on EEG should have a thorough ophthalmologic examination to rule out eye abnormalities."

EPILEPSY

530. Lennox, William G.

Epilepsy, a problem in public health. Am. J. Public Health. May, 1951. 41:5:533-536.

"A health problem becomes a public health responsibility when of such size or character that systemized social action is required for its control. Epilepsy is a double headed (medical-social) problem of large proportions. Perhaps three-fourths of a million of our fellow Americans are subject to seizures. In addition, nearly four million other members of the family are directly affected...Because seizures are predominately a disorder of youth, we may assume that nearly half the total number are less than 20 years of age." Because of the wide diversity of symptoms and effects, those affected with seizures must be treated as individuals rather than a group. First on the program of school health programs is up-to-date medical care and the establishment of treatment-training centers, hospital-training schools. Outside financial help is necessary if the best care of patients is to be given and personnel trained to give that care. The large majority of seized children, with proper care, can be made better--or well.

531. Pine, Irving

Convulsive disorders in children: a study of the Duke hospital pediatric convulsive clinic, by Irving Pine, David H. Reynolds, and Harry B. O'Rear. North Carolina Med. J. Apr., 1951. 12:4:129-138.

A review of 200 patients is presented in this study. Data covers tabulation of statistics on the onset and duration of disorders, factors entering into the causation of epilepsy (heredity, birth injury, trauma, and central nervous system disturbances), and types of seizures. Anti-convulsant drugs used in the clinic were found to have a relatively low incidence or toxicity. The electroencephalogram is a valuable aid in diagnosis and treatment but there is no strict correlation between type of electroencephalogram and type of seizure.

EPILEPSY (continued)

532. Pollock, Lewis J.

Epilepsy. Today's Health. May, 1951. 29:5:45-49.

Question-and-answer discussion of frequent misapprehensions about epilepsy, types of attacks, treatment and prevention. The author is a practicing nerve specialist.

533. Western Institute on Epilepsy.

First western institute on epilepsy. Denver (The Institute) 1949.

79 p. Mimeo.

The proceedings of the First Institute sponsored by the Colorado Society for Crippled Children and Adults and the University of Colorado Medical Center, May 16-18, 1949. Papers given and discussions held covered various aspects of medical treatment, social problems, psychological aspects including hypnosis, and the organization of an epilepsy clinic.

Available from Western Institute on Epilepsy, 4200 E. 9th Ave., Denver 7, Colorado, at 50¢ a copy.

534. Western Institute on Epilepsy

Second western institute on epilepsy. San Francisco, The Institute, 1950. 53 p. Mimeo.

Proceedings of the Second Institute sponsored by the California Society for Crippled Children, held at Lane Hall, Stanford University Hospital, San Francisco, June 25, 1950. Subjects presented included education, employment, social and family problems, and medical treatment of epileptics.

Available from Western Institute on Epilepsy, 4200 E. 9th Ave., Denver 7, Colorado, at 50¢ a copy.

GOODWILL INDUSTRIES

535. Zelle, Jean A.

Goodwill has found a good way. J. Rehabilitation. May-June, 1951. 17:3:17-21.

How the Goodwill Industries, with other rehabilitation agencies, provides rehabilitative, sheltered workshops for the handicapped. How the counselor may utilize these resources in programs of adjustment for his clients is discussed.

HAND

536. Flax, Herman J.

Physical medicine and rehabilitation therapy of hand injuries.

A. M. A. Archives of Industrial Hygiene and Occupational Medicine.

Mar., 1951. 3:236-243. Reprinted with additions.

A study of 814 cases insured under the Workmen's Compensation Act of Puerto Rico and treated for hand and wrist injuries. The study shows that the prescription of physical medicine and rehabilitation therapy following definitive surgical treatment will reduce the prevalent disability of the upper extremities. Statistics on types of injury, disability ratings, cost of rehabilitating, and saving to the Fund are given.

HANDICAPPED

537. Linck, Lawrence J.

The crippled. Chicago, National Society for Crippled Children and Adults (1951). 12 p.

Reprinted from: Social work year book, 1951.

The extent of the problem of treating the handicapped and a complete and integrated program are described. The responsibilities and

HANDICAPPED (continued)

programs of governmental and voluntary agencies are discussed. Still much remains to be accomplished in extending existing services. In the field of prevention, research has been accelerated. Bibliography.

Reprints of the article are available, in single copies, from the Library, National Society for Crippled Children and Adults.

HEART

538. American Physical Therapy Association

Physiology of heart and circulation and its clinical application in physical medicine; a symposium presented at the twenty-seventh annual conference...Cleveland, Ohio, June 26-30, 1950. New York, The Assn. (1951). 63 p.

Reprinted from Physical Therapy Rev., Nov. and Dec., 1951.

"This symposium is primarily a physiological one....Many of the physiological facts presented are of immediate clinical importance."

Contents: The general physiology of heart and circulation, R. S. Alexander.-The influence of exercise on the heart, David F. Opdyke.-The heart as a factor in a clinical exercise program, Harry D. Bouman.-The physiology and measurement of peripheral circulation, Alrick B. Hertzman.-Physical medicine in diseases of peripheral circulation, Charles S. Wise.-The effect of temperature and various methods used in physical medicine to increase temperature on local circulation, Harry M. Hines and Barbara Feucht Randall.-Physical medicine in the clinical aspects of local heat application, Harry D. Bouman.-The role of circulation in the physiology of heat regulation, Allen D. Keller.

Distributed by the American Physical Therapy Association, 1790 Broadway, New York 19, N. Y., at \$1.00 a copy.

HEART DISEASE--SPECIAL EDUCATION

539. American Heart Association

What the classroom teacher should know and do about children with heart disease. (New York) The Assn. (1951). 8 p. illus.

The booklet points out the part the teacher can play in the prevention of the spread of infection which often has as an aftereffect some heart damage. In the management of cardiac children in her classroom she can constructively meet the psychological and emotional needs of the physically limited child and give educational and vocational guidance to the older pupil.

Available from the American Heart Association, 1775 Broadway, New York 19, N. Y.

HEART DISEASE (CONGENITAL)

540. Mautner, Hans

Congenital heart diseases in the feeble-minded. Am. J. Mental Deficiency. Apr., 1951. 55:4:546-556. Reprint.

"The following types of heart malformations are shortly discussed and some examples given: 1) The malformations in mongoloids are nearly always ventricular septal defects, sometimes combined with anomalies in the development of the aorta. A type found only in mongoloids is theostium atrioventriculare commune. The malformations described by Wilson and Warkany in offsprings of vitamin A deficient rats are of the same group of malformations. 2) German measles of the pregnant mother causes malformations of the heart of a very different type. The valves of the large vessels are mostly affected and stenosis of the pulmonary artery or of the aorta may develop, similar to the findings following endocarditis.

HEART DISEASE (CONGENITAL) (continued)

3) Another type is severely cyanotic children without other explanation for their mental retardation. 4) Children with multiple severe malformations show often malformations of the heart too. One example is a boy with a persistent vena cava superior sinistra. The heart malformation in a boy with erythroblastosis is probably coincidental only."

HOMEBOUND--SPECIAL EDUCATION

541. Kearney, Paul W.

To school by telephone. Kiwanis Mag. May, 1951. 36:5:24-25, 54-55.

The school-to-home communication system is used virtually in every state in the Union and in a few places in Canada. The service is explained, advantages to shut-in child shown, and the cost considered.

HOSPITALS--OCCUPATIONAL THERAPY DEPARTMENT

542. Snow, William Benham

Economic factors involved in the occupational therapy program of a general hospital, by William Benham Snow and Helen M. White. Archives of Physical Medicine. May, 1951. 32:5:315-320.

"This paper deals with economies, outlay, education, and the abuses of diversional occupational therapy." The practice of occupational therapy in an acute general hospital differs from that in a specialized hospital, is costly when too freely available. Hospital staffs need education on uses and abuses of the services. Diversional therapy could possibly be administered by volunteers. A form is given with which to control the prescribing of occupational therapy.

LARYNGECTOMY

543. Froeschels, Emil

Therapy of the alaryngeal voice following laryngectomy. A. M. A. Archives of Otolaryngology. Jan., 1951. 53:1:77-82. Reprint.

"The topic of voiced alaryngeal speech is discussed briefly. Special stress is placed on the technics of taking in the necessary air for this kind of voice production. Inhaling into the esophagus is preferable to swallowing. A case history demonstrates the advantage of the inhaling method."

544. Miller, William J.

Esophageal speech solves a problem. J. Rehabilitation. May-June, 1951. 17:3:7-9.

The advantages of esophageal speech for the laryngectomee are argued as against speech produced by artificial means. The problems posed and chances for successful results were illustrated by the experiences of classes sponsored by the Florida Division of Vocational Rehabilitation.

MATERNAL AND INFANT CARE

545. Carithers, Hugh

Mother-pediatrician relationship in the neonatal period. J. Pediatrics. May, 1951. 38:5:654-660.

"The role of the pediatrician in the neonatal period is discussed, and the problems incident to abnormalities and deviations in the newborn infant are presented. Analysis of the complaints and questions of the mothers regarding their offspring in a series of 100 cases is reported; average mothers were four times as interested in physiologic as in anatomic problems. The relatively constant psychological reactions to the reproductive processes are reviewed as a key to the pediatrician's understanding of the new mother and as a guide to clarification of confused emotions and attitudes."

MENTAL DEFECTIVES

See 504; 540.

MENTAL DEFECTIVES---PROGRAMS

546. Delp, Harold A.

Goals for the mentally retarded. Am. J. Mental Deficiency. Apr., 1951. 55:4:472-478. Reprint.

Although the goals for the retarded are, in general, the same as for all children, some that are desirable for all are necessities for the best interests of the mentally handicapped. The goals to be considered are: 1) An adequate, correct diagnosis of the mental condition and related factors; 2) a complete understanding of the retarded child, especially as it pertains to type and level of retardation; 3) a complete acceptance of each child as he is--by parents, family and community; 4) adequate opportunity for total growth and development; 5) removal of all possible physical defects and provision for maximum physical well-being; 6) development of desirable and healthful habits of living; 7) the best possible social adjustment; 8) acquirement of the most adequate personality; 9) opportunity to learn those fundamentals of school he will need for use in life; 10) development of a fund of useful, workable information; 11) the establishment of day-to-day standards suitable to the child's mental level; 12) maximum self care and self support; 13) provision for simple, wholesome leisure-time activities; 14) the needed amount of supervision and guidance as a child and throughout life; 15) the most adequate placement for the best advantage of all concerned.

The responsibilities of the home, school, medical and social agencies, and the community are stated.

MENTAL DEFECTIVES---SPECIAL EDUCATION

547. Hafemeister, Norman S.

Development of a curriculum for the trainable child. Am. J. Mental Deficiency. Apr., 1951. 55:4:495-501. Reprint.

From a review made of 2137 cases, it was concluded at the Southern Wisconsin Colony and Training School, Union Grove, Wisconsin, that one of the population shifts at the school has been an increasing number of so-called trainable children. This paper describes a training program for these children, and the way it is to be administered.

MENTAL DEFECTIVES---SPEECH CORRECTION

548. Gwens, George W.

The speech pathologist looks at the mentally-deficient child. Training School Bul. Apr., 1951. 48:2:19-27.

This article, adapted from a paper presented at the 1951 Convention of the American Speech and Hearing Association, lays down three functions for the speech pathologist in the field of mental deficiency: 1) speech therapy and speech development, 2) diagnosis (case histories are cited to show effects of faulty diagnosis), 3) research.

"In summary, a speech pathologist has looked at the mentally-deficient child and to date, has found in him the same speech problems that confront non-mentally deficient children. Through proper diagnosis and appropriate remedial measures they can do much for the true mentally-deficient child for whom speech therapy can make a difference. Further, through remedial measures they can be instrumental in salvaging lives of children who already have been placed erroneously in institutions for the mentally retarded. Secondly, and perhaps of greater importance, speech pathologists can join with other specialists in making integrative

MENTAL DEFECTIVES--SPEECH CORRECTION (continued)

diagnoses of these children, thus preventing mentally normal children with speech, language, or hearing impairments from being institutionalized among the mentally-deficient."

MENTAL HYGIENE

See 600.

MULTIPLE SCLEROSIS

549. Baker, A. B.

Multiple sclerosis - its diagnosis and treatment. Wis. Med. J. Mar., 1951. 50:3:245-249. Reprint.

"Multiple sclerosis is...characterized by remissions and exacerbations. Because of the varied symptomatology, the diagnosis is frequently made by exclusion. The diagnosis...should be made with extreme caution in cases in which (1) there is an absence of remissions and exacerbations, (2) the symptoms are focal in nature, (3) the spinal fluid protein is very high, or (4) the disease occurs in the very young and very old. There is no specific treatment...however, the patient should be treated symptomatically and should be taught to adjust to his disabilities. Stress situations should be avoided..."

550. Gordon, Edward E.

Multiple sclerosis, application of rehabilitation techniques. New York, National Multiple Sclerosis Society, c1951. 53 p. illus.

Since the average life expectancy of patients afflicted with multiple sclerosis is not much less than that of the general population, the main objective is to teach the patient to live with his disabilities and yet make his life productive. Maximal physical activity is justified as inactivity has been found to lead to early death. This manual of rehabilitation techniques gives charts for evaluating the extent of the disability and a specific program for making the patient productive, or, if not productive, at least self-dependent. Appliances for support of weak muscles and for self help are illustrated. Bibliography.

This monograph was prepared for distribution to the medical profession by the National Multiple Sclerosis Society, 270 Park Avenue, New York 17, N. Y.

551. Lumsden, C. E.

Fundamental problems in the pathology of multiple sclerosis and allied demyelinating diseases. Brit. Med. J. May 12, 1951. 4714:1035-1043.

In a lecture delivered to the Association of British Neurologists, Dec. 16, 1950, the author discusses some of the problems that he considers from the standpoint of experimental pathology to be fundamental. Plates and references.

MULTIPLE SCLEROSIS--DIAGNOSIS

552. Wartenberg, Robert

Multiple sclerosis. Postgraduate Medicine. Jan., 1951. 9:1:33-34.

Multiple sclerosis is generally not difficult to diagnose, but Charcot's triad--nystagmus, intention tremor, and scanning speech--is often inconstant and late in appearing. The author discusses three discrepancies that diagnostically may be more helpful: 1) Disproportion, or incongruity, between objective signs and disturbance of function; 2) discrepancy between severity of clinical signs and severity of constitutional or local manifestations; and 3) discrepancy between severity of physical defects and attitude of patient.

Aspects of clinical manifestations and course of the disease are discussed. Therapeutic methods have proven to be of no avail and the cause is not known, nor is there as yet any cure.

MULTIPLE SCLEROSIS—ETIOLOGY

553. Swank, Roy Laver

Multiple sclerosis: a correlation of its incidence with dietary fat. Am. J. Med. Sciences. Oct., 1950. 220:421-430. Reprint.

"The present paper is an analysis of the alterations in the dietary intake of the general population, and of the changes in the incidence of multiple sclerosis which occurred in some sections of Europe before, during and since World II. The studies were made during 1949, and the following countries were visited: Norway, Sweden, Denmark, Holland, Belgium, England, and Switzerland."

The yearly incidence of multiple sclerosis in these countries and the attending nutrition of the people are compared and the observations suggest that abrupt changes in the diet may be attended or followed by the development of unexpected cases of multiple sclerosis.

Known geographic differences and nutrition in areas of Switzerland, in relation to the incidence of multiple sclerosis, may correlate directly in some way with the fat content of the diet.

"It seems clear from the observations presented in this paper, as well as from unreported clinical studies, that a high fat diet is not the cause of multiple sclerosis even though it may contribute to a high incidence of the disease by accelerating it in susceptible individuals."

MUSCLES

554. McEachern, Donald

Diseases and disorders of muscle function. Bul. N. Y. Academy of Medicine. Jan., 1951. 27:1:3-23.

A discussion of myotonia, myasthenia gravis, thyroïdal neuromuscular disorders, progressive muscular dystrophy, periodic paralysis and menopausal muscular dystrophy, their pathology and treatment.

MUSCULAR DYSTROPHY—ETIOLOGY

555. Brown, Madelaine Ray

The incidence and heredity of muscular dystrophy, a study of seventy-one patients admitted to the Massachusetts General Hospital. New England J. Medicine. Jan. 18, 1951. 244:88-90. Reprint.

In the treatment of muscular dystrophy, no medicine as yet discovered has given beneficial effects. From hospital records examined, it was concluded that 1) in New England hereditary muscular dystrophy is not partial to any one nationality of the white race; 2) records show a marked increase in the disease in the last two decades; 3) there was no evidence of mendelian dominant inheritance among patients with facioscapulohumeral atrophy. Other hereditary defects were found in persons affected with muscular dystrophy. Inheritance of the three types discussed in this series was recessive.

NATIONAL HEALTH COUNCIL--DIRECTORY

556. National Health Council.

National health agencies, a directory of member organizations. New York, The Council, 1951. 71 p.

Lists and describes 35 national health agencies, both voluntary and professional, their aims, programs, services, and organizational structure. The listing is alphabetical in a handy reference-size pamphlet.

Available from the National Health Council, 1790 Broadway, New York 19, N. Y., at 25¢ a copy.

NUTRITION

557. Vilter, Richard W.

Nutrition and the control of chronic disease: public health aspects, by Richard W. Vilter and Carl Thompson. Public Health Reports. May 18, 1951. 66:20:630-636.

NUTRITION (continued)

Inadequate nutrition can so effect people that they are more subject to chronic illnesses; the prevention and control of these is a challenge to the medical and public health agencies. How nutrition aids the work of prevention in various diseases and how it can be utilized in the care and rehabilitation of patients afflicted with chronic illness are discussed and avenues of research suggested to further the knowledge of the part played by diet. More laboratory diagnosis and population surveys are needed.

OBESITY--MENTAL HYGIENE

558. Bram, Israel

Psychic factors in obesity, observations in over 1,000 cases. Archives of Pediatrics. Dec., 1950. 67:12:543-552. Reprint.

Psychotherapy is of primary importance in the prevention and management of obesity; a satisfactory adjustment must be made between the patient and his problem and he must be educated in the need of a rational attitude toward a preliminary submaintainance and maintainance diet to achieve and perpetuate normal weight. Food requirements are subject to considerable individual variations. Life-long concepts of eating and nutrition must be changed.

OLD AGE--EMPLOYMENT

559. New York. Joint Legislative Committee on Problems of the Aging.

Memo to mature workers re: How to get a job. (Albany, The Committee, 1950)

16 p. illus.

A pamphlet offering practical advice to those over 45 years of age seeking employment. Distributed by the N. Y. State Joint Legislative Committee on Problems of the Aging, State Capitol, Albany, N. Y.

PARALYSIS AGITANS--MEDICAL TREATMENT

560. Moore, Matthew T.

Benadryl in the treatment of Parkinson's disease. Neurology. Mar.-Apr., 1951. 1:2:123-132. Reprint.

A report of a study of 35 patients treated with Benadryl. The drug was administered orally and parenterally, alone and in conjunction with belladonna drugs. Tests found that patients did not fare well on oral Benadryl administered alone, while the most striking and beneficial results were obtained when the drug was used together with members of the atropine group. While results were superior to those observed in the past using solanaceous drugs alone, only time will prove whether this form of antiparkinsonian therapy will continue to give good results.

PARAPLEGIA--EQUIPMENT

61. McHugh, Charles W.

Development of devices for self-feeding of the quadriplegia patient. J. Physical and Mental Rehabilitation. Apr.-May, 1951. 4:8:14-15.

Descriptions, and illustrations, of self-help feeding equipment for quadriplegia patients, developed at Kennedy Hospital, Memphis, Tenn.

PARAPLEGIA--MEDICAL TREATMENT

62. Bors, Ernest

Urological aspects of rehabilitation in spinal cord injuries. J. Am. Med. Assn. May 19, 1951. 146:3:225-229.

"The urological part of the medical rehabilitation and physical rehabilitation must start as a synchronized effort immediately after the injury. The high mortality from genitourinary causes in World War I as contrasted with the low incidence in World War II is dramatic evidence that progress is being made. Such progress

PARAPLEGIA--MEDICAL TREATMENT (continued)

must be attributed to the improved understanding of the pathophysiology of the neurogenic bladder and its associated complications and to the advent of sulfonamide drugs and antibiotics." Types of surgery and their complications are discussed.

563. Comarr, Avrom Estin

Reconstructive surgery in spinal cord injuries. J. Am. Med. Assn. May 19, 1951. 146:3:229-231.

"Decubitus ulcers are a frequent complication of spinal cord injuries. Their prevention and cure by conservative means has been a major objective of physical medicine." Over a period of four years' work, it has been found by the author that an average of 59.1 per cent of the total number of ulcers at various sites will heal under conservative measures. Average rates of cures in trochanteric individual sacral, individual ischial ulcers are given when surgery was performed. Principles governing surgery are explained and postoperative care described.

564. Dinken, Harold

Physical treatment and rehabilitation of the paraplegic patient. J. Am. Med. Assn. May 19, 1951. 146:3:232-234.

"The major objectives of physical medicine and rehabilitation in the care of paraplegic patients are presented. Basic principles and techniques in attaining these objectives are briefly discussed. Successful clinical management requires the early, individualized application of these principles and techniques, which must be integrated into the total therapeutic program."

565. French, John D.

Neurosurgery in the rehabilitation of paraplegics. J. Am. Med. Assn. May 19, 1951. 146:3:223-225.

Rehabilitation advances of recent years are dispelling the hopelessness of outlook for the severe neurological crippled. Described and discussed are neurosurgical procedures applicable to rehabilitation.

Read in the Symposium on Physical Medicine and Rehabilitation for Paraplegics (as were the three other papers listed above) at the annual session of the American Medical Association, San Francisco, June 30, 1950.

See also 591, 603.

PHYSICAL EDUCATION

566. Mackey, Richard T.

The physically and psychologically handicapped get their chance. J. Physical and Mental Rehabilitation. Apr.-May, 1951. 4:8:12-13, 15.

College physical education programs for the handicapped were expanded following World War II and, while the veterans have reached upperclass status and are no longer required to participate, enough non-veteran undergraduates are handicapped to the extent of being excused from the general physical education program. Objectives for a program of individualized physical education should develop a philosophy of living within the framework of one's limitations. Steps in the establishment of such a program at a large eastern college are outlined and case histories show how the program has aided normal social development.

PHYSICAL EXAMINATION

567. Goldstein, Marcus S.

Physical status of men examined through selective service in World War II. Public Health Reports. May 11, 1951. 66:19:587-609.

A resume of findings on the records of men examined through selective service in World War II can point the way for medical and public health measures to meet the urgent needs of the times. The basis of classification, reasons for deferment and rejection, age and race statistics are given along with measures suggested for prevention and rehabilitation.

568. Jung, Frederic T.

The measurement of physical fitness as a problem in physical medicine. Archives of Physical Medicine. May, 1951. 32:5:327-333.

"This paper summarizes an extended series of experiments begun at Northwestern University during wartime, carried out with the aid of many colleagues and volunteer subjects, and reported from time to time in brief papers."

In physical medicine it is necessary that accurate diagnostic tests be developed; tests already existing need to cover a more inclusive group of subjects. New diagnostic procedures and apparatus should be dependable and prove valid; tests for over-all fitness are as important as tests for functional state of a single organ. The possibility of error in testing for physical fitness was highlighted by experiments begun at Northwestern during the war.

569. Spaulding, Harry V.

The measurement of permanent disabilities by Harry V. Spaulding and Robert M. Erdman. N. Y. State J. Medicine. Dec. 1, 1950. 50:23:2813-2816.

In compensating for permanent disability, variations due to both the personal equation of the doctor and the personal appeal of the injured occur. Schedules and functional losses are discussed, with a plea for uniformity, countrywide, of medical evaluations and payments.

PHYSICAL MEDICINE

570. Zimmerman, S. L.

Cooperate to rehabilitate, by S. L. Zimmerman and Phil Davis. J. Physical and Mental Rehabilitation. Apr.-May, 1951. 4:8:5-11, 26-27.

Discussed are services covered and examples of techniques developed in the physical medicine rehabilitation program at the V. A. Hospital, Columbia, S. C. A series of graduated exercises designed for the needs of the cardiac patients are administered on a strict prescription basis for the individual cases. Breathing exercises for asthmatics are explained fully. The orthopedic and neuropsychiatric services also receive more than their full case load. To record the activities inherent in daily living, a sample chart is shown which has proved adequate for all purposes.

See also 575; 601.

PHYSICAL THERAPY--PERSONNEL

See 587.

POLIOMYELITIS

571. British Journal of Physical Medicine. Apr., 1951. 14:4:73-91.

Entire issue devoted to articles on the subject.

Contents: Problems of physiotherapy in poliomyelitis, by L. Guttman. -Muscle re-education in poliomyelitis, by M. Forrester-Brown. -Poliomyelitis, by S. P. Meadows. -Surgical management in poliomyelitis, by Frank O'Gorman.

PSYCHOLOGY

572. Garrett, James F.

Clinical psychology in the rehabilitation process, by James F. Garrett and Julian S. Myers. J. Rehabilitation. Mar.-Apr., 1951. 17:2:3-7. Reprint.

A discussion of the psychological factors in physical disability and the work and responsibilities of the staff of the Psycho-Social and Vocational Service at the Institute of Physical Medicine and Rehabilitation of the New York University-Bellevue Medical Center.

PUBLIC WELFARE

573. Dobbs, Harrison Allen

Ill-fare or welfare for children with defects? Public Welfare. May, 1951. 9:5:116-120.

In public welfare for children, there are urgent medical, educational, and social work tasks that must be done surely and well. Public welfare departments

PUBLIC WELFARE (continued)

that do no more than maintain the status quo are failing in public responsibility. Poor administration in handling allotted tax money and in allowing party politics to influence the hiring of personnel can have an adverse effect on the care children receive. There is need, too, for closer interchange between children's institutions and non-institutional welfare services. Handicapped children especially need certain assistance, "appropriate and sufficient in nature and degree."

REHABILITATION

574. Capon, N. D.

The treatment of the physically handicapped child. Physiotherapy. Nov., 1950. 36:11:221-224. Reprint.

In treating any handicapped child, his individuality must be recognized. If possible he should be left in his home, and the added family problems created must be recognized and dealt with properly. Early diagnosis and assessment of the handicap is essential; the treatment program must be planned and administered in terms of not only the physical benefits that may be derived, but in terms of the social, emotional and economic good of the child and family.

The author is impressed more by progress made by the cerebral palsied child from physiotherapy treatments, than by the rationale for the treatment given. The high cost of treating cerebral palsy patients, and the number of trained specialists whose services are needed, makes it necessary for continued study to reduce costs and staff time.

In a letter to the editor in the February, 1951, issue of Physiotherapy, Ruth A. Hyatt comments on several of Dr. Capon's observations. In particular she stresses the fact that there is no need to organize separate facilities for treating cerebral palsy, duplicating the services of rehabilitation centers and physical medicine departments of hospitals. She urges that physicians understand cerebral palsy better so as to prescribe physiotherapy.

575. Covalt, Nila Kirkpatrick

Present and future plans for the rehabilitation of patients in general hospitals. Modern Hospital. Apr. & May, 1951. 76:4 & 5. 2pts.

The first section of the article discusses how the acute general hospital can assume its role in rehabilitation programs. How amputees and hemiplegics may be trained in self-care, which should be considered as a phase of preventive medicine, is explained.

Part II describes the role of a physical medicine department. "A physical medicine department is the foundation of rehabilitation. That department offers diagnostic and treatment service to every field of medicine and surgery...Physical medicine basically comprises the two divisions of occupational therapy and physical therapy." The needs of such a program as to space and equipment are discussed and the many ways in which the patient and staff are aided in accomplishing the end results given.

576. Letourneau, Charles U.

Rehabilitating the handicapped. Montreal, Rehabilitation Society for Cripples, 1951. 13 p. (Educational booklet on physical medicine and rehabilitation, no. 1)

An outline of the scope of the problem by one of Canada's authorities on rehabilitation. Graph and discussion cover treatment from the hospitalization stage through convalescence, retraining, and post rehabilitation.

Available from the Rehabilitation Society for Cripples, 265 Craig St. West, Montreal, Canada. Available also in a French edition under the title: "La rehabilitation de l'handicape."

REHABILITATION--PUERTO RICO

577. Moreu, Guillermo Atilas

The rehabilitation of injured workmen in Puerto Rico, by Guillermo Atilas Moreu, Herman J. Flax, and Eugene J. Taylor. Compensation Medicine. Sept.-Nov., 1950. 3:3. Reprint.

REHABILITATION--PUERTO RICO (continued)

Workmen's compensation insurance is compulsory in Puerto Rico for all employers who employ three or more workers. The State Insurance Fund and its administration are discussed as well as the work of the Fund's rehabilitation center.

See also 536; 579.

REHABILITATION--PROGRAMS

578. Wilson, Donald V.

Rehabilitation and the international scene. J. Rehabilitation. May-June, 1951. 17:3:3-6.

Describes the organization under the United Nations Assembly, of an international program for the rehabilitation of the disabled. Briefly discusses the specialized agencies for social welfare on an international scale and of agencies instituted by the various governments to care for their own nationals. The author is Executive Director of the International Society for the Welfare of Cripples, 54 E. 64 St., New York 21, N. Y., from whom free reprints are available in single copies.

See also 537; 586; 591.

SHOULDER

579. Flax, Herman J.

Physical medicine and rehabilitation in the treatment of stiff shoulders. Boletin de la Asociacion Medica de Puerto Rico. Feb., 1951. 43:2:110-117. Reprint.

Statistics on 214 patients admitted to the Department of Physical Medicine and Rehabilitation of the State Insurance Fund of Puerto Rico and found to have suffered shoulder injuries with loss of motion of the shoulder joint are summarized. Treatment was first directed to the strengthening of the short rotator muscles. The disability rating dropped from 36 percent of the shoulder to 14 percent in 28 days of treatment. The benefits of net savings to the Fund and the returning of the workmen to their jobs in the best possible physical state of health are demonstrated.

SOCIAL SERVICE (MEDICAL)

580. Moss, Celia R.

Social case work with the child in a hospital setting. Atlantic City, American Assn. of Medical Social Workers, 1950. 7 p. Mimeo.

"The case described in this paper illustrates the way in which casework with a child which of necessity includes casework with his parents contributes to the effectiveness of his medical care."

A paper given at the National Conference of Social Work, Atlantic City, N. J., April, 1950. Available from the American Association of Medical Social Workers, 1834 K Street, N. W., Washington 6, D. C., at 50¢ a copy.

581. National Conference of Social Work.

Generic and specific concepts in medical social work. (Atlantic City) American Assn. of Medical Social Workers, 1950. 42 p. Mimeo.

Consists of the following papers given at the National Conference of Social Work, April 1950: Presentation of the case of a patient with an eye disease, by Ruth Butler; Needs centering around poliomyelitis, by Julie Escher; Some generic and specific concepts in casework with the cancer patient, by Marion Thurman; The application of generic and specific concepts in medical social work, by Muriel Gayford.

Available from the American Association of Medical Social Workers, 1834 K Street, N. W., Washington 6, D. C., at \$1.00 a copy.

582. Stein, Florence Taub

Teamwork as a skilled process. Atlantic City, American Assn. of Medical Social Workers, 1950. 10 p. Mimeo.

In the teamwork relationship involved in caring for sick people in an organized

SOCIAL SERVICE (MEDICAL) (continued)

setting, the doctor, nurse, and social worker each have a special contribution to make. The review concentrates primarily on ward round conferences; emphasis was placed on the social worker's role, with recognition of the factors affecting her contribution. Three recordings of one post-clinic and two hospital conferences, presented at the National Conference of Social Workers in 1950, were discussed.

Available from the American Association of Medical Social Workers, 1834 K. Street, N. W., Washington 6, D. C., at 50¢ a copy.

SOCIAL WELFARE--PLANNING

583. Community Chests and Councils of America.

Policy statement on community planning for social welfare, prepared by the special committee of advisory committee on health and welfare planning. New York, The Councils, 1950. 15 p.

In the field of community organization for social welfare, certain principles and procedures must be set up and recognized by all participants. In this "policy statement" of the Community Chests and Councils of America, its philosophy, objectives, and principles are set forth. Methods of planning, governing, and promoting action are outlined with attention also given to special factors in relation to federated financing and to those groups financed by other means.

Available from Community Chests and Councils of America, 155 E. 44th Street, New York 17, N. Y., at 25¢ a copy.

SPECIAL EDUCATION--BIBLIOGRAPHY

584. National Society for Crippled Children and Adults.

A special education bibliography; a selection of titles in the Library of ... Rev. May, 1951. Chicago, The Society, 1951. 49 p.
Mimeo.

Single copies free from the Library.

SPEECH CORRECTION

See 602.

SPORTS

585. Krumholz, Henrietta

Archery for the handicapped. Journal, Am. Assn. Health, Physical Education, and Recreation. May, 1951. 22:5:28.

Archery as a form of recreational activity for the handicapped offers much to recommend it. Individual attention is required and the initial cost of equipment may run high, but the sport takes only a limited space, provides competition without over-excitement, encourages correct posture, and in caring for the equipment an added skill can be given those handicapped. How the cerebral palsied and those with leg braces or in wheel chairs can be helped, by modifying techniques, is briefly indicated.

STATE SERVICES

586. Funkhouser, William Littell

The South's service to the crippled child. Southern Med. J. Feb., 1951. 44: 2:124-128. Reprint.

Types of service and personnel employed in states falling within the territory of the Southern Medical Association are given. All have programs under the State Crippled Children's Service. Statistics are given on the funds allotted to the states from Federal government; these are in part matched by the states' contribution to the work. The author outlines the child's needs and makes recommendations as to how these needs might be met.

STATE SERVICES--PERSONNEL

587. Arrington, Clara M.

Physical therapy in state crippled children's programs, medical and administrative policies. Physical Therapy Rev. June, 1951. 31:6:223-225.

STATE SERVICES--PERSONNEL (continued)

State agencies need policies for the selection of patients, for medical referral forms, on the length of time between medical evaluation and prescription, frequency of visits to or by the physical therapists, and on changing the emphasis of treatment. Some policies are definitely administrative and are set up by the medical director; others must be passed on by a medical advisory board and must receive the support of physicians working in the program. The value of such policies is discussed.

TUBERCULOSIS--PROGRAMS--CALIFORNIA

588. Savage, Emerson C.

Community rehabilitation program. Calif. Medicine. Dec., 1950. 73:531-533.

"A broad outline of a community program has been given, with particular stress on in-sanatorium facilities." Cost of services, types of personnel and their function on the rehabilitation team, and vocational counselling are discussed. The plan can be a cooperative community one with the sanatorium as the center of rehabilitation activities.

VETERANS (DISABLED)--NEW ZEALAND

589. New Zealand. Disabled Servicemen's Re-establishment League.

How they fared; an illustrated review of the training and re-establishment of disabled exservicemen after World War II, by W. E. Leadley. (The League, 1950?) 48p. illus.

Report of the vocational training program sponsored by the League under which 383 disabled veterans have been trained and placed in industry and another 376 are presently being trained or employed by the League. Case histories are given and the types of trades taught are described.

Available from the Disabled Servicemen's Re-establishment League, P. O. Box 1420, Wellington, New Zealand.

VETERANS (DISABLED)--BIBLIOGRAPHY

590. U. S. Veterans Administration. Library Service.

Medical care of veterans in the United States, 1945-1950. Washington, The Service, 1951. 22 p. Mimeo. -

"An attempt is made, in this bibliography, to cover all phases of the medical and hospital programs of the Veterans Administration from 1945 through 1950. References on hospital location, planning, and construction and on Special Services in the hospital are included with references on the activities of the various divisions of the Department of Medicine and Surgery." Includes an author and subject index.

Available from Library Service, Veterans Administration, Washington 25, D.C.

VETERANS (DISABLED)--MEDICAL TREATMENT

591. U. S. President. Committee on Veterans' Medical Services.

Report to the President from the...by Arthur S. Abramson, Robert L. Dennison, and Howard A. Rusk. Washington, Govt. Print. Off. (1950). 65 p.

The report of the findings of the special committee appointed by the President, June 15, 1950, to review veterans' hospitalization programs and needs of disabled veterans with special attention to the problems of paraplegics and amputees.

Available from the U. S. Superintendent of Documents, Washington 25, D.C., at 25¢ a copy.

VETERANS (DISABLED)--RECREATION

592. Recreation in Veterans Administration hospitals. Recreation. May, 1951 45:2:65-68.

"Recreation has been accepted by the Department of Medicine and Surgery as a part of the total VA medical program;...at the hospital level, it is not unlike a large community or school recreation program."

VETERANS (DISABLED)--RECREATION (continued)

Dr. Howard A. Rusk says, "With the increasing recognition of the therapeutic importance of a dynamic recreation program within the hospital, hospital recreation is passing the 'radio dial and fruitbasket' stage and is becoming a specialized profession."

593. (U. S. Veterans Administration Recreation Service.)

Hospital recreation. Journal, Am. Assn. Health, Physical Education, Recreation, May, 1951. 22:5:24-25.

This brief description of the organization of the VA recreation program, its administration and present status, shows its value in the hospitals. Close medical supervision and guidance, adaptations of various forms of recreational activity to suit the needs of sick people, and in-service training for personnel make the program a vital one. Hospital recreation offers a lifetime career to graduates majoring in physical education and recreation.

VETERANS (DISABLED)--SPECIAL EDUCATION

594. Strom, Ralph J.

The disabled college veteran of World War II. Washington, American Council on Education, c1950. 61 p.

"This report aims at the improvement of the existing student personnel programs faced with the many new problems arising from the large number of students possessing characteristics different from pre-war college students." Surveys were made to sample veterans' opinions and to determine the extent of existing facilities. Help with financial problems, the job placement of handicapped students, and vocational counseling are services needed especially for the handicapped. Conclusions and recommendations give point to the survey material.

"The development of a program for the handicapped veteran has direct application toward a program for all handicapped students."

Available from the American Council on Education, 744 Jackson Place, N.W., Washington 6, D.C., at \$1.00 a copy.

VOCATIONAL REHABILITATION

See 517; 528; 535; 536; 544; 569; 572; 577; 579.

VOCATIONAL REHABILITATION--GT. BRIT.

595. Industrial rehabilitation. British Med. J. Apr. 28, 1951. 4712:930-931.

An editorial summarizing Great Britain's rehabilitation program, begun seven years ago. There are now 13 rehabilitation units, run in affiliation with government training centers. All can handle 100 persons each, are non-residential, well equipped and staffed. Types of patients and services offered are discussed. Industry also is taking a share of the job of rehabilitation with guidance from consultants, cooperation between the industrial medical departments and hospitals.

In same issue: The Nuffield Orthopaedic Centre, Oxford, by J. Trueta, p. 940-941.

VOLUNTARY HEALTH AGENCIES--DIRECTORY

See 556.

VOLUNTEER WORKERS

596. Association of Junior Leagues of America.

Placement pointers on volunteer service. New York, The Assoc., 1950. 43 p.

Handbook on volunteer placement, giving administrative details of placement committee, personnel, procedures (job finding, evaluation, interviews, selection, follow-up). Members are not exempt from money raising projects or community plans voted on by the League as a whole. Appendix lists community sources, jobs suggested for nights, week ends, and in homes, and sample forms for record keeping.

Available from the Association of Junior Leagues of America, The Waldorf-Astoria, New York 22, N. Y., at 50¢ a copy.

Walking
See 603.

WORKMEN'S COMPENSATION
See 567.

NEW BOOKS

CEREBRAL PALSY--SPEECH CORRECTIONS

597. Cass, Marion T.

Speech habilitation in cerebral palsy. New York, Columbia University Press, 1951. 212 p. Planographed. \$3.00.

Dr. Phelps, in his foreword says, "The field of speech in these children has **been greatly neglected** and there has been very little written concerning this phase of the total training. This book will fill a long-felt need."

"The author begins with a description of cerebral palsy and an explanation of its causes and effects. She then discusses the various muscle groups of the neck and face, stressing their **action in the cerebral palsy handicap**. She also provides a **co-ordinated sequence** of exercises designed to improve the muscles that are basic to the speech process. In the final section, Dr. Cass presents a comprehensive philosophy of education for these handicapped children."

Subject bibliography included.

DEAF--PSYCHOLOGICAL TESTS

598. Templin, Mildred C.

The development of reasoning in children with normal and defective hearing. Minneapolis, University of Minnesota Press, 1950. 143 p. (Institute of Child Welfare Monograph Series no. 24.) Planographed. \$3.00.

"In her research, Dr. Templin has made a thorough-going analysis of reasoning and its development in groups of children which differ in **terms of restriction** of the environment. Children with normal hearing in both day and residential schools **are compared** with children with defective hearing in both day and residential schools....Dr. Templin sets up a hypothesis that the restriction of the environment by either intrinsic or extrinsic factors will result in less adequate reasoning and more limited development. In general, the results support the hypothesis....In theory, the monograph indicates what might be done to create environments which would improve the language and reasoning of children with hearing defects and suggests what might be done for the improvement of normal children. The study is, therefore, a contribution to the better understanding and the more effective education of normal and handicapped children." John E. Anderson, in the Foreword.

EXERCISE

599. DeLorme, Thomas L.

Progressive resistance exercise, technic and medical application, by Thomas L. DeLorme and Arthur L. Watkins. New York, Appleton-Century Crofts, Inc., c1951. 245 p. illus. \$5.00.

"Medical applications of progressive resistance exercise have developed rapidly in the last five years. Since very little literature on this subject is available, an attempt has been made to provide a reference manual for the physician and physical therapy technician. Practical aspects of this exercise technic have been stressed throughout. Theoretical discussions are presented only when such information materially aids in the actual application of exercises based on overload principle. The entire discussion of the technic of administration of progressive resistance exercise has been limited to one chapter, thereby providing a working manual for the technician. This one chapter contains the majority of exercise positions employed to date which, in the author's experience, have been found effective. No doubt others are in use which may be substituted.

EXERCISE (continued)

The exercise research and the development of equipment with which this manuscript is concerned took place initially in the Army hospital, Gardiner General, in Chicago, Illinois, and later in the Pope Memorial Exercise Clinic, Department of Physical Medicine, Massachusetts General Hospital, Boston, Massachusetts."

Contents: Introduction.-Physiology, by Frances A. Hillebrandt.-Principles.-Technics.-Fractures.-Knees, by Frances E. West.-Hips.-Neurological condition.-Adolescents, by J. Roswell Gallagher.

MENTAL HYGIENE

600. Ginsburgh, Ethel L.

Public health is people: an institute on mental health in public health held at Berkeley, California, 1948. New York, The Commonwealth Fund, 1950. 241 p. \$1.75.

The content and essence of the Institute is presented concisely and in readable form. Thirty city, county and state health officers, attended the Institute, and 8 psychiatrists, 3 pediatricians with psychiatric training, and 5 public health officers served as faculty. Modern mental hygiene principles and their application in a community public health service were explored in lectures, section and inter-section meetings and in clinic visits. The clinics included: Prenatal and Post Partum, Child Health Conferences, Crippled Children's Physiotherapy, Crippled Children's Diagnostic, Rheumatic Fever, Tuberculosis, and Venereal Disease. The last chapter discusses the Institute as a teaching method.

PHYSICAL MEDICINE

601. Bach, Francis, ed.

Recent advances in physical medicine, ed. by Francis Bach. Philadelphia, Blakiston Co., 1950. 490 p. illus. \$4.50.

Contents: I. Physics, anatomy, and physiology.-II. Physical methods.-III. Practice of physical medicine.-IV. Organization of a physical medicine department.-V. Physical medicine in public health.-VI. Rehabilitation and resettlement.VII. Teaching of physical medicine.

Each chapter in each section is contributed by a specialist in the particular field. Fully illustrated as to techniques. American edition of an English text.

SPEECH CORRECTION

602. Manser, Ruth B.

Speech correction on the contract plan. 3d ed. New York, Prentice-Hall, Inc., 1951. 408 p. \$4.75.

In this revised edition, the chapter on "Sounds of English" has been amplified to provide a more adequate phonetic background; this is particularly helpful to foreigners. Contracts for "Foreign Accent," "Careless Speech," and "Stammering" have been more carefully graded and more material added. Exercise material has been amplified and selections for reading modernized. In the Appendix are a much longer pronunciation list, words frequently mispronounced, and voice and speech charts. The unit plan of the book provides the stimulation and procedure for individualized action more suited to adolescent and adult. The practical value of the plan was tested both in the author's clinic at New York University and in demonstration clinics.

WALKING

603. Dening, Kenneth A.

Ambulation; physical rehabilitation for crutch walkers, by Kenneth A. Dening, Frank S. Deyoe, and Alfred B. Ellison. New York, Funk & Wagnalls Co., c1951. 188 p. illus. \$3.50.

With words and graphic illustrations a complete rehabilitation program for paraplegics who require crutches or cane for ambulation is presented so specifically that the patient may follow it at home. The techniques and training were tested in a veteran rehabilitation project.

WALKING (continued)

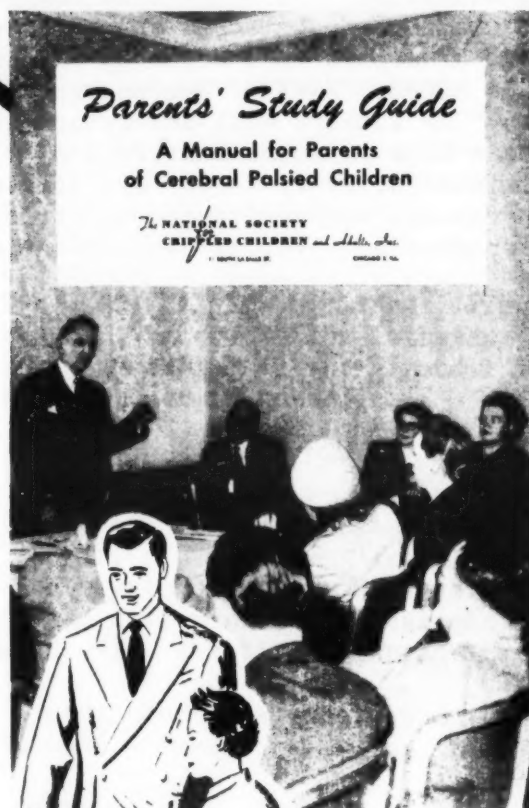
"By logical progression it guides the patient from the bed stage, through self-care activities, the attainment of the erect position on braces and crutches, and the proper use of crutches in managing daily-encountered obstacles such as ascending and descending stairs, sitting in and arising from chairs and getting in and out of vehicles. It offers a program of bed and mat exercises designed to develop muscles specifically used in crutch walking; a guide and sequence of notes to enlighten any able person who is available to assist the disabled, and a choice of clinically tested methods which tell not only what to do but how to go about performing such activity. The activities themselves have been carefully selected as being representative of obstacles encountered by a crutch walker in his daily living and are presented in a sequence ranging from simple to very difficult."

Dr. Donald Munro, Chief of Neurosurgery, Boston City Hospital, says in his Introduction, "The authors well understand the problems that confront the spinal invalid. Their book is authoritative and reliable. It should be in the hands of every spinal invalid, every doctor who treats such an invalid, and every psychiatrist and physiotherapist, corrective therapist, or physical reconditionist who attempts to set up a program of physical rehabilitation for paraparetics and paraplegics."

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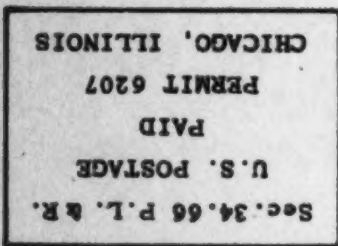
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